

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Felisetas Parker</b>		COURT CASE NUMBER <b>08 C 3142</b>	
DEFENDANT <b>Social Security Administration</b>		TYPE OF PROCESS <b>WAIVER</b> <b>Summons and Complaint</b>	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Social Security Administration - Commissioner Michael J. Astrue</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Windsor Park Building 6401 Security Blvd. Baltimore, MD 21235</b>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Felisetas Parker**  
**16 W. 540 Lake Drive - #9-208**  
**Willowbrook, IL 60527**

Number of process to be served with this Form - 285	<b>1</b>
Number of parties to be served in this case	<b>3</b>
Check for service on U.S.A.	<b>X</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include business and home addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

**FILED**  
**SEP X 2 2008**  
**SEP X 2, 2008**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

**08-07-08****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>103</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>R.T.</b>	Date <b>08-07-08</b>
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I hereby certify and return that I ☒ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

**Received receipt of certified mail delivery (green card)**

Date of Service **08/12/08** Time **am**  
**pm**

Signature of U.S. Marshal or Deputy

Service Fee <b>0</b>	Total Mileage Charges (including Out-of-Pocket) <b>0</b>	Forwarding Fee <b>0</b>	Total Charges <b>0</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>0</b>	Amount of Refund <b>0</b>
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REMARKS:

**Mailed Waiver and S/C on August 6, 2008. Certified MAIL No.: 7007 0710 0000 9548 4916**  
**Mailed by R.W.**

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Michael J. Astrue, Commissioner  
Social Security Administration  
Windsor Park Building  
6401 Security Blvd.  
Baltimore, MD 21235

ATTN: Legal Counsel

CASE: 08 C 3142

## 2. Article Number

(Transfer from service label)

7007 0710 0000 9548 4916

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

SOCIAL SECURITY ADMINISTRATION  
BALTIMORE, MARYLAND 21235

☐ Agent

☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

## D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

## 3. Service

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

CHICAGO IL 606

15 AUG 2008 PM 6 L

For Sender's Use Only

First-Class Mail  
Postage Paid  
USPS

Use Appropriate

In Your Address

- Sender: Please print your name, address, and ZIP+4 in this box •

United States Marshals Service  
Northern District of Illinois  
219 South Dearborn Street - Room 2444  
Chicago, IL 60604

ATTN: Civil Division

CASE: 08 C 3142

